

Attention League Commissioner: Copy this form for each team that is listed on your league's schedule before you start using.

**GREEN COUNTRY SOCCER ASSOCIATION
U10-U14 RECREATIONAL AND U11-U14 COMPETITIVE
CAUTIONS AND EJECTIONS**

TEAM: _____

AGE: U____ BOYS GIRLS

CLUB: _____

SEASON: FALL SPRING 20____

LEAGUE: A B C D

Circle One

Circle One

Note: 3 Cautions in "one season" (Fall or Spring) is automatic suspension from next game.

PLAYER / COACH	JERSEY NO.	C/E	DATE	C/E	DATE	C/E	DATE	C/E	DATE	C/E	DATE

INDIVIDUAL/COACH SUSPENSIONS

PLAYER / COACH NAME	# OF GAMES	REASON/DATE	DATE(S) SERVED

LEAGUE COMMISSIONER: _____ ADDRESS: _____

PHONE: _____